LION

(Address)

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Placa Concord, Md. Oata Feb. 15" 19 37

Federalshurg Md

19. UNDERTAKER J. J. Frampton & Son.

MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 5a. If marriad, widowad, or divorced HEREBY CERTIFY That I ettended deceased from Jan. 3rd. 1849 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Oavs If LESS than 1 dev.\_\_\_\_hrs. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSE-WORK 9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc ..... 10. Deta dacaasad last worked at this occupation (month and year) 11. Total tima (yaars) spent in this occupetion Life 12. BIRTHPLACE (city or town) (Stata or country) FATHER Peter Sullivan. Caroline Co. 14, BIRTHPLACE (city or town) .... (Stata or country) What test confirmed diegnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER 15. MAIOEN NAME Sallie Thawley 23. If death wes due to external ceuses (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?\_\_\_\_\_\_ Dete of Injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town). (Stata or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mrs Clara I. Rice. (Address) (Address) Denton, Md. R.
18. BURIAL, CREMATION, OR REMOVAL

Registration Dist. No.

Manner of Injury

Natura of injury....

24. Was diseasa or injury in any way ralated to occupation of decaased?\_\_\_\_\_

If so, specify

(Address) \_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PL

certificate.

of OCCUPA-

1. PLACE OF		OF MAR	YLAND-	CERTIFICATE OF DEATH 1494
Village or Cit	aroline y Federal ence in city or town where		8 yrs 11 mos	Registration Dist. No. 64  No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	e: No. Federal	sburg, M (Usualplace	d . of abode)	St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	4. color or race Colored	5. SINGLE, MAR	RIED, WIDOWED, D (write the word) 1 ed	21. DATE OF DEATH February 25 1937 (Month) (Day) (Yaar)
5e. It married, widowad HUSBANO ot (or) WIFE of		ner Brew	ington	22.   HEREBY CERTIFY, That I attended decased from
6. DATE OF BIRTH (m	nonth, day, and year)	farch 17	, 1868	I lest sew h. 21 elive on 7 2 - 7 5 , 19.3.7; daath is said
7. AGE Years	,	Deys 8	If LESS then 1 day,hrs. ormin.	to have occurred on the dete stated above, et 3: 10 ph. m .  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as tollows:  Oate otonset
8. Trada, professi kind ot wo SAWYER, E	ion, or particular ork done, as SPINNER, BOOKKEEPER, etc	House	work	Bronchopnen 2/26/2

See instructions on back 9. Industry or business in which OCCUPA work was dona, as SILK MILL, SAW MILL, BANK, etc.... 10. Deto deceesed last worked at 11. Total time (yaars) spant in this this occupation (month and 12. BIRTHPLACE (city or town (Stata or country) Cephas FATHER Levin 13. NAME Caroline 14. BIRTHPLACE (city or town) Md (State or country) MOTHER Butler MON is very important. 15. MAIOEN NAME Preston Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town) (State or country) Whera did Injury occur?. (Specify city or town, county and State) CREMATION, OR REMOVAL Manner of injury & Son 19. UNDERTAKER Federal S (Address) It so, specity 20. FILEO Feb. 27 19 (Signed) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURINER	STATEMENTS	DI	PHISICIAN	
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and the same of th						

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infor-OCCUPA Jo CIANS statement Exact FOR BINDING classified certificate. proper MARGIN RESERVED of back may no that instructions See plain carefully very important. OF DEATH should WRITE CAUSE mation

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City No. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3, SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBANO of (dr) WIFE of HERBBY CERTIFY The Lattended deceesed from 22. death is said 6. DATE OF BIRTH (month, day, and year) 7. AGE Months 0eys If LESS than to have occurred on the data stated above, et\_ 1 day, .....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importence or ..... min. were es follows: Data of enset 8. Trade, profession, or particuler OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc .... 10. Data deceased lest worked at 11. Totel time (years) this occupation (month and spant in this occupetion \_\_\_ Other Contributory Causes of Importence: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) What test confirmed diegnosis?\_\_\_\_\_ Was there en eutopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, sulcide, or homicide? ...... Dete of injury ...... 19\_\_\_ 16. BIRTHPLACE (city or town (Stata or country) Where did injury occur? .... (Specify city or town, county and State) Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CRE Manner of injury . Oete Neture of injury 24. Was disease or injury in any wey related to occupation of deceesed? 19. UNOERTAKER (Address) If so, specify (Signed) Registrar. (Address) more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 уеат

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

County Caroline Registration Dist. No. 6.  Village or City Red and registration Dist. No. 6.  St., No. 14. How long in U.S. If of foreign birth? 15. How lon	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Reduction of the state of the state of the state and number)  Langth of residence in city or total whate dash occurred 2.5 yrs. mos. ds. Now long in U.S. If of foreign birth?  2. FULL NAME Blace Cefe hard.  (a) Residence: No.  (b) Residence: No.  (c) Residence: No.  (d) Residence: No.  (e) Residence: No.  (e) Residence: No.  (h) Residence: No.  (h) Ward.  If U. S. Veteran, specify WAR.  (a) Residence: No.  (b) Ward.  (b) Unpublished abode.  St. Ward.  (c) Residence: No.  (d) Residence: No.  (e) Ward.  (e) Ward.  (ii) Inoneredent give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (c) 4. COLOR OR RACE  (c) Residence: No.  (iii) Residence: No.  (iv) Ward.  (iii) Inoneredent give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (iii) Residence: No.  (iv) Ward.  (iii) Inoneredent give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (iii) Residence: No.  (iv) Ward.  (iii) Inoneredent give city or town and State  (iii) Residence: No.  (iv) Ward.  (iii) Inoneredent give city or town and State  (iii) Inoneredent give city or town and State  (iii) Inoneredent give city or town and State  (iv) Ward.  (iii) Inoneredent give city or town and State  (iii) Inoneredent give city or town and State  (iii) Inoneredent give city or town and State  (iv) Ward.  (iv) Ward.  (iii) Inoneredent give city or town and State  (iii) Inoneredent give city or town and State  (iv) Ward.  (iii) Inoneredent give city or town and State  (iv) Ward.  (iii) Inoneredent give city or town and State  (iv) Ward.  (iii) Inoneredent give city or town and State  (iiii) Inoneredent give city or town and State  (iiii) Inoneredent give city or town and St		93-3
Langth of residence in city or toke whare death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. if u. S. if of foreign birth? yrs. mos. ds. if u. S. if of forei	County Caracture	Registration Dist. No.
Langth of residence in city or toke where death occurred. 23. yrs	Village or City Steady alex!	
(a) Residence: No.    Clady Class   Clady Class   Clady Class   Class		
(a) Residence: No.  (Usuphace & sabele)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  J. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  S. If married, widowad, or divorced MUSAND of (work)  MUSAND of (work)  MUSAND of (work)  Months  Oays  If LESS than  I day, hrs.  Of min.  S. Trede, profession, or particular  S. SWYER, BOOKKEPPER, etc.  S. Ward.  Months  Oays  If LESS than  Or min.  The PRINCIPAL CAUSE of DEATH and ralated causes of importance were as follows:  Date of this occupation  Other Coentributory Causes of importance:  When the coccupation of the date stated above, etc.  J. Judicary or business in which work was done, as SIK MILL.  SAW MILL, BANK, etc.  11. Total time (years)  SAWYER, BOOKKEPPER, etc.  SAWYER, BOOKKEPPER, e	2. FULL NAME Elma Cepohos.	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARKIED, WIDOWED, OR DIVORCED (write the word)  WIDSAND OF HER PROPERTY.  5. DATE OF BIRTH (month, day, and year)  5. DATE OF BIRTH (month, day, and year)  5. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  8. Treds, profession, or particular wind down as a SPINNER, or min.  8. Treds, profession, or particular wind down as SPINNER, or min.  9. Her profession or particular wind down as SPINNER, or min.  10. Date deceased lest worked at this occuperion (month and year)  10. Date deceased elest worked at this occuperion (month and year)  11. Total time (years) year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. Treds, profession, or particular wind and an analytopsy?  28. Treds, profession, or particular wind and an analytopsy?  29. Company of the profession of particular wind and an analytopsy?  20. If the profession or particular wind and an analytopsy?  21. Date of the profession of particular wind and an analytopsy?  22. If death was due to external causes (VIOLENCE) fill in also the following:  20. Accident, suicide, or homicide?  21. Date of injury  22. If death was due to external causes (VIOLENCE) fill in also the following:  23. If death was due to external causes (VIOLENCE) fill in also the following:  24. Accident, suicide, or homicide?  25. Date of injury  26. BURNAL, CREMATION, OR REMOVALY  Place  27. Particular and an analypsy?  28. Treds, profession, or particular wind and an analypsy?  29. Accident, suicide, or homicide?  29. Accident, suicide, or homicide?  21. Maior on the date state debove, at A. T.O. Am.  29. It death was due to external causes (VIOLENCE) fill in also the following:  29. Accident, suicide, or homicide?  29. Accident, suicide, or homicide?  20. Date of injury  21. M	(a) Residence: No. Ridack Ind	
SEX  SEX  SEX  SEX  SEX  SEX  SEX  SEX	(Usua place of abode)	
B OR DIVORCED ("mire the word)  3. If married, widowad, or divorced HUSBAND of Waldowski, or death of Waldowski, or divorced HUSBAND of Waldowski, or divorced HUSBAND of Waldowski, or death of Waldowski, or divorced HUSBAND or divorced HUSBAND of Waldowski, or divorced HUSBAND or d		
18. If married, widowad, or divorced HUSBAND or Corp hus .  22. If HEREBY CERTIFY, That I attended deceased the control of the		21. DATE OF DEATH
HUSBAND of (or) WIFE of Welliam Cerp has.  5. DATE OF BIRTH (month, day, and year) Abaul 10, 1879  5. DATE OF BIRTH (month, day, and year) Abaul 10, 1879  6. AGE Years Months Oays If LESS than 1 day, hrs. or min.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked at this occupation (month and q 3 7 occupation) occupation occupation (State or country)  11. NAME Madden American City or town) (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME Madden American City or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAMIC MAIOEN NAME CLARK  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Mrs. Sallie Lork and Country Madden Coun		(Month) (Day) (Year)
Date of BIRTH (month, day, and year)  AGE  Years  Months  Joays  If LESS than 1 day, hrs.  Of min.  8. Trede, profession, or particular kind of work dona, as SPINKER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which was done, as SSIK MILL, SAW MILL, BANK, etc.  10. Date doceased lest worked at this occupation (month and years) spent in this occupation (month and years) spent in this occupation (month and years) spent in this occupation (State or country)  11. Mark Must for town)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Maloen NAME  Allie  Accident, suicide, or homicide?  Dete of Injury  New Menner of Injury  Nature of Injur	HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
to heve occurred on the date stated above, at 1.7.40 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  8. Trede, profession, or particular kind of work done, as SPINNER, or	(d) WIFE OF WILLIAM Coff aus.	Feb 4 ,1937, 10 Feb 14 ,1937
S. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SIK MILL, SAWILL, BARN, etc.  10. Date decessed lest worked at this occupation month and 3.7 occupation.  11. Total time (years) spent in this occupation month and 3.7 occupation.  12. BIRTHPLACE (city or town) (State or country)  13. NAME Madfad Vulkalik  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME adduse Cask  16. BIRTHPLACE (city or town) (Stee or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOYAL  Place addusing Madfall on the date state buby, and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were estated to the principal causes of Importance were estated to the principal causes of Import	DATE OF BIRTH (month, day, and year) aprul 10, 1879	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BARK, etc.  10. Date deceased lest worked at this occupation (month and 3 7 occupation occupation)  11. Total time (years) spent in this spent in this occupation (State or country)  12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME Addies Clark  16. BIRTHPLACE (city or town) (Stele or country)  17. INFORMANT (Address)  18. BURIAL, GREMATION, OR REMOVAL Place Addiess  19. Jack of overly as Spinner, Sawyer, etc.  19. Jack of Weet as follows:  10. Date of Sawyer,	0. 1.4	to neva occurred on the data stated above, at
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State or country   Met	8. Trede, profession, or particular kind of work dona as SPINNER	
Security  2. BIRTHPLACE (city or town) (State or country)  13. NAME Medford Durchard  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME adding Clark  16. BIRTHPLACE (city or town) (Stete or country)  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT Mrs. Stalling Lorkers are (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Details of the following occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.  Menner of injury Nature of injury	SAWYER, BOOKKEEPER, etc.	
Other Contributory Causes of Importence:  Other Contributory Causes of I	work was done, es SILK MILL,	Obronic Myocardila "
Other Contributory Causes of Importence:  12. BIRTHPLACE (city or town) (State or country)  13. NAME Medford Muchaele  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME addice Clark  16. BIRTHPLACE (city or town) (Stele or country)  17. INFORMANT Mrs. Fallie Lorkers are (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Deuton Mad Oate Fib 21 1937  Menner of injury Nature of injury	10. Date deceased lest worked at 11. Total time (years)	·
13. NAME Medford Pulchard  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME Address  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAY Place  18. BURIAL, CREMATION, OR REMOVAY Place  19. Country  10. Country  10. Country  10. Country  11. Date of Country  12. Information  13. NAME Medford Pulchard  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME address  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAY Place  19. Country  19. Country  19. Menner of injury Nature of injury	yaar)	
(State or country)  13. NAME Medford Ruchard  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME Adure Clark  16. BIRTHPLACE (city or town) (Stete or country)  (Address)  (A	2. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:
Whet tast confirmed diagnosis? Lewer Was thara an autopsy?  15. MAIOEN NAME Addie Cork  16. BIRTHPLACE (city or town) (Stete or country)  Where did injury occur?  (Address)  (A		- Chaffeensa.
Whet tast confirmed diagnosis? Lewer Was thara an autopsy?  15. MAIOEN NAME Address  16. BIRTHPLACE (city or town) (Stete or country)  7. INFORMANT (Address)  8. BURIAL, CREMATION, OR REMOVAY Place  Oate  Whet tast confirmed diagnosis? Lewer Was thara an autopsy?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.  Menner of injury Nature of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury	13. NAME Medford Pulcher	
Whet tast confirmed diagnosis? Lewer Was thara an autopsy?  15. MAIOEN NAME Addie Cork  16. BIRTHPLACE (city or town) (Stete or country)  Where did injury occur?  (Address)  (A	14. BIRTHPLACE (city or town)	Name of operation
Accident, suicide, or homicide?	(State of country)	Whet tast confirmed diagnosis? Levelal Was there an autopsy? 2
Accident, suicide, or homicide?	15. MAIDEN NAME addine Clark	23. If death was due to external causes (VIOLENCE) fill in also the following:
(Specify city or town, county and State) 7. INFORMANT Mrs. Hallie Lorkerau Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.  (Address) Regulary md.  8. BURIAL, CREMATION, OR REMOVARY Place Deuton Mid Oate Fib-21, 1937.  Nature of injury Nature of injury	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19,
7. INFORMANT  (Address)  8. BURIAL, CREMATION, OR REMOVAL  Place  Oate  1. 1937  Nature of injury  Nature of injury	(Stete or country)	
Place Deuton Mid Oate Fib 21, 1937. Nature of injury	17. INFORMANT	Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(A) (D) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	8. BURIAL, CREMATION, OR REMOVAL	Menner of injury
A B B O TO THE STATE OF THE STA	Place Deulen May Date July 21, 1937	Nature of injury
19. UNDERTAKER 1. 10. It General and a 24. Was disaass or injury laysing way related to occupation of decaased?	9. UNDERTAKER N. S. A genlengo.	24. Was disaase or injury layany way related to occupation of decaased? Zev
(Addrass), Leaves for Med. It so, specify		If so, specify
20. FILE Til 20 19 7 Aprovis (Signa) Kush Janger	20. FILE 2 0 193 7 Amaris	(Signal) Mush M.
Registrar. (Addrass)	Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 1497
0 0 0	Registration Dist. No. 4
Village or City Leusberg.	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsmosde
2. FULL NAME Wichards J. Hardaw.	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarole C. Sarduw,	22. I HEREBY CERTIFY, That I attended deceased from 1982, to 198
6. DATE OF BIRTH (month, day, and year) May 12, 1849 7. AGE Yaars Months Days If LESS than 1 day,	I last saw h alive on , 13 ; death is sail to have occurred on the date stated above, at 6. Am.  The PRINCIPAL CAUSE OF DEATH and classes of importance
R Trade profession or particular	were as follows: Organic Heart Date of once
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and, 1937) spent in this spent i	/alvila
12. BIRTHPLACE (city or town) (State or country)  This occupation (month and 1937)  Spent in this occupation occupation (cupation)  Spent in this occupation occupation (cupation)  Spent in this occupation occupation (cupation)  Spent in this occupation (cupation)  Spent	Other Coutributory Causes of importance:
13. NAME Junes (Vichards Hardeut)  14. BIRTHPLACE (city or town) (State or country)  Kent Jaland Md.	Nama of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Looden	23. If daath was dua to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Looder  16. BIRTHPLACE (city or town) Kint Jaland Md.	Accident, suicide, or homicide?
17. INFORMANT William Garden, (Address) Grenobiro Ma,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Screwbero md Date Fub 18 , 1937	Mannar of Injury
19. UNDERTAKER R. B. Kamlungs (Addrass) Granders Int.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Lef 13, 37 f. mad Pippin	(Signed) Solve M.  (Address) Address M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause o of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1 C 2 1 2 E D	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 2 1937	July 5, 1927	Peritonitis	3 days ago	
	44 ( al) V. S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH		-	
. County Caroli	ne		Registration Dist. No. 63
	Prest of	(1)	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Ali	ce Gree	n	
(a) Residence: No.			St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX   4. COLOR OR RACE   Colored	OR DIVORCED	RIED, WIDOWED.  (write the word)  ried	21. DATE OF DEATH  7, 193.7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Al fred Gree	n		22. I HEREBY CERTIFY. That I attended deceased from August 193 4, to Leptus 7 7 1937
7. AGE Years Months 78 2	Days 20 Housew	1858 If LESS than 1 day, hrs. or min.	I last saw h. 27 alive on August S., 19.87; death is said to have occurred on the date stated above, at 4.29 P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one et
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	I1. Totel ti span occu	me (years) tin this pation	Dither Contributory Causes of importance:
	LTI g		
13. NAME Silas Cuff			
(Citato di Cosinti))	aryland		Name of operation Date of Was there en au'opsy?  \( \sqrt{O} \)
15. MAIDEN NAME Unkno	wn ·		23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknot (State or country)	ryland		Accident, suicide, or homicide?
	en Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Pleasant	Date Feb.	11 ,1937	Manner of injury
19. UNDERTAKER W. H. Holl: (Address)  20. FILED FILE, 197	s & Son ton, Md	tunsa	24. Was disease or Injury in any way related to occupation of deceased? 16 so, specify (Signed) Reverse M. D. Charles M. Charles M. D. Charles M. Charles M. D. Charles M. D. Charles M. Charles M

---Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

9.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

Thy fating the occupation, avoid the use of sout the particular kind of work done and return	uch indefini that, as spi	te terms as "employee," "worker," "operative," nner, weaver, etc.	etc. Find
The stating the industry or business, avoid the particular kind of store, factory, mill, etc., a Distinguish carefully the different kinds of chanter character, mining engineer, stationary engine the occupation can be secured. Do not use the machinist, etc. Distinguish carefully between respectively called a salesman and not a clerk.  Statement of cause of death.—Cause of deat mode of dying, e. g., heart failure, asphyxia, as As-related causes, name earlier morbid condition	the use of su as grocery s engineers b ngineer, etc. word "mec retail merch th means th thenia, ctc.	ch general terms as "store" "factory" "mill"	gineer, me- statement er, painter, sells goods th, not the sing death.
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hennarrhage   MAR 2 1881	July 5, 1927	Peritonitis	3 days ago
	-et-al		o days ago
	j.	, Syeno tun	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
(9)4		C 2 t 0 # 4 #	1 year
LACE		; at to 100	
808.080000001			
ADDITIONAL SPACE FO	OR FURTH	ER STATEMENTS BY PHYSICIAN	
		***************************************	
		. 1	
M. D.		M.	

1. PLACE OF DEATH	
County Carplans	Registration Dist. No. 6 4
Village or City Redgely	NoSt Ward
(IF	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME amanda & Henry	' If U. S. Veteran, specify WAR
(a) Residence: No. Audy-ly Mol, (Usus place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 24 , 193 / (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(Or) WIFE of Junes I. Levery,	22. i HEREBY CERTIFY, Wat 1 attended decessed from
6. DATE OF BIRTH (month, day, and year) Qua 9 /1896	Hast saw had alive on Fell 2 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 8,100 m.
41 7 16 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Data of onset
SAWYER, BODKKEEPER, etc.	Chronic Hyoroxphe 4 mos +
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	J
10. Date deceased last worked at this occupation (month and year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Barrel States
13. NAME John Flamer	propulso frumania
14. BIRTHPLACE (city or town)	Name of operation 12 11 2 D.C. Dalf of
(State or country) a Ma	What test confirmed diagnosis? Clussee Af Was there and autopsy? No.
15. MAIDEN NAME Sacolo Nicholo.	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT James of Henry .  (Address) Ridy ely md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Delicon Med Date Vill 28, 1937	Nature of Injury
19. UNDERTAKER A. B. Mawlings.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Lucuspino md.	If so, specify
20. FILED Feb 2 6, 19 3 7 ( W Hairs.	(Signed) M. D
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 1037	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	71	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIA	1F
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ECOAD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Example 1710N is very important. See instructions on back of certificate. H UNFADING INK-THIS IS A PERMANEN N. B.-WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	82:0
County Caraline	Registration Dist. No. COO
Village Dr City Raceds has.	No. St., War  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Jelyrs	mosds. How long in U.S. if of foraign birth?yrsmosd
2. FULL NAME Suran V. Michy	If U. S. Veleran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDON OR DIVORCED (write the v	
Jenual Walle Widowed.	(Month) (Day) (Yaar)
a. If marriad, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased Iro
(or) WIFE of Johns Melly.	
DATE OF BIRTH (month, day, and yaar) Get . 35. 1858	l iast saw h elive on, 19; daath is se
AGE Years Months Days If LESS	than to have occurred on the data stated above, at _ #,30 P_m.
78 3 12 1 day,	The PRINCIPAL CAUSE OF DEATH and related couses of importance
8 Trada profession or particular	L'esebral James Tracy Date of on
8. Trada, profassion, or particular kind of work dona, as SPINNER, Thomas Control SAWYER, BOOKKEEPER, atc.	
9. Industry or business in which work was done, as SILK MILL,	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceesed last worked at his securation (month and	
10. Data daceased last worked at this occupation (month and year)	4
	Othar Contributory Candes of importance:
(State or country)  Moresland	Cittain of Milanin
13. NAME Wienum H. Lyush.	- Children M. Children
	Neme of operation
(Stata or country)	What tast confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Sarah Coursey.	23. If daath wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Coursey.  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Whera did injury occur?
7. INFORMANT Mus. alberte, Labourt	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Lueds boro ma	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Freustro and Date Feb. 12	9.3.7. Nature of Injury
19. UNDERTAKER OK. B. Kawlings	24. Was disease or injury in any way related to-occupation of deceased?
(Address) Sucres has mag.	If so, specify
20, FILE 1/013719 almute	(Signad) M.
Regi	rdr. (Address)

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Example I	244 - 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

7. S. No. 1

FATHER

MOTHER

13. NAME

17. INFORMANT

19. UNOERTAKER

(Address)

(Address)

14. BIRTHPLACE (city or town

16. BIRTHPLACE (city or town)
(Stete or country)

18. BURIAL, CREMATION, OR REMOVE

15. MAIOEN NAME CO

(State or country)

Other Contributory Causes of importance:

Alleris Actions and Affections 193

Light Australia Date of Date of What test confirmed diagnosis? Wes there an autopsy?

23. If death was due to external causes (VIDLENCE) fill in also the following:

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_ 19\_

Manner of injury

(Address) \_

If so, specify (Signed) Worths

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registra

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The state of the s	2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA. ination should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED WRITE PLAINLY, V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1502
1. PLACE OF DEATH	(81:0)
County Caroline	Registration Dist. No. 60
Village or City Hendersony 1	No. St., Ward
/	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
1	
2. FULL NAME Grac 20. Pools.	If U. S. Veteran, specify WAR
(a) Residence: No. Cusual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the word) Market	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Orannula Pools,	22. 9 I HEREBY CERTIFY. That trattended decrased from
6. DATE OF BIRTH (month, day, end yeer) Laft 5-, 1874	i lest saw here alive on 2/14 19 19 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, Carfseuler SAWYER, BOOKKEEPER, etc.	Cellral Hemon Light 7/14
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month end	
10. Oate deceased last worked at this occupation (month end year) 45-41 sccupation (50 4/30)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME Isaac Proce.	Cypunanie 1
13. NAME Saac Poole .  14. BIRTHPLACE (city or town)	Neme of operation Oete of What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME Mary College ,  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country) Md;  17. INFORMANT Mrs. Isaac Poole;	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Stenderson md.	
18. BURIAL, CREMATION, OR REMOVAL Place Deulon Md Oate Fub, 17, 1937	Manner of injury
19. UNDERTAKER & B' Rawlywegs ' (Address) ideleus for yet,	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 16/37, 19 almet	(Signed School MD. (Address) Walde Ford Mad
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TAD DALLOTTILL	DI ILUI	TOTE	T. CHOTTITIES	DIVITINITIVID	101	LILIDICIAN



STATE OF MARYLAND—	CERTIFICATE OF DEATH 1503
1. PLACE OF DEATH	Positivation Dist. No. (OB
31 1	Registration Dist. No.
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whara death occurred	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME The Orlehard	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrighths word) Nace Nace	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of Mary Prinches	22. OR HEREBY CERTIFY, That attended decaasad from
6. DATE OF BIRTH (month, day, and year) Sept 17, 1849	I last saw hum alive on file 5 , 195 7; death is said
7. AGE Years Months Days If LESS than	to hava occurred on the date stated above, atm.
88 4 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:  Date of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, Faunus SAWYER, BOOKKEPPER, etc	
9. Industry or business in which	Courte Mulocardine Harling Fet 8
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cleuse myreacause ractures , 5,0
10. Data dacaased last worked at this occupation (month and year) 43.7 spant in this occupation occupation occupation	
12. BIRTHPLACE (city or town)	Other Centributory Causes of importance:
(Stata or country) Maryland,	Kerleurschiebe Cardiovander
13. NAME Thormas Profeshed	Discol
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What tast confirmed diagnosis? Clause Was there an autopsy?
15. MAIDEN NAME Martha Joseph 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homlcide?
17. INFORMANT Glus Cla Kfarchar (Address) Greenston Mind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dillistors Manager 15 17 , 1937	Nature of injury
19 UNDERTAKER R. B. Rawlings	24. Was disease or injury in any way related to occupation of deceased?
(Address) Surenabyo mag	If so, specify
20, FILED 1 1 9 35, 19 alsmit	(Signed) Master Structure M. C.
Registrar.	(Address) (Addre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis MAA 2 4 4 2 7	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

important. rion is

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	
county Carpling.	
Langth of rasidence in city or town whare death occurredyrsmos.	No. death occurred in ds. Ho
2. FULL NAME Cugane H Rogurs.	1f
(a) Residence: No. (Usual place of abode)	St.,
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE (
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A
6. DATE OF BIRTH (month, day, and year) au 21, 1937.	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to hava occurred Tha PRINCIPAL were as follows
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceasad last worked at this occupetion (month and yaar)  11. Total time (years) spant in this occupation	Other Coutribu
12. BIRTHPLACE (city or town)	-
13. NAME Raymond Stogers!	
13. NAME Ray mord of gers!  14. BIRTHPLACE (city or town) (State or country)  Mid.	Nama of operat
15. MAIDEN NAME Verma Sparko,	23. If death was
15. MAIDEN NAME Verma Sports,  16. BIRTHPLACE (city or town) (Stata or country)  M.A.	Accident, suicid
17. INFORMANT Kay yourd Rogers!	Specify whathe
18. BURIAL, CREMATION OF REMOVAL Place Liver Cumbry Date Fich. 28, 1937	Manner of injur
19. UNDERTAKER & Bell awlings (Address) Seems bus. M.B.	24. Was diseese  If so, spacify  (Signed)

a hospital or institution, give its NAME instead of street and number) w long in U. S. if of foreign birth? vrs. mos. ds. U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH F DEATH HEREBY CERTIFY. Thet I altandad decaased from CAUSE OF DEATH and related ceuses of importanca Date of onset due to external causes (VIOL ENCE) fill in elso the following: e, or homicide?\_\_\_\_\_\_ Data of Injury\_\_\_\_\_\_ 19\_\_\_\_\_ (Specify city or town, county and State) injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

Registration Dist. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address) .....

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Example II		
The principal cause of death and related cause of importance were as follows:		
of epilepsy	1 week ago	
er by street car	1 week ago	
itis	3 days ago	
contributory causes of importance:		
nteritis	1 year	
	contributory causes of importance:	

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1505
1. PLACE OF DEATH	920
County Caroline	Registration Dist. No. 62
Village or City Dilleston	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Gella Legar	
(a) Residence: No. The Plest the See	P. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  OR DIVORCED (write the word)	21. DATE OF DEATH Field, 27 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  Jolus Argar	22. THEREBY CERTIFY, They I ettended decessed from
6. DATE OF BIRTH (month, day, end yeer)	I lest saw h elive on 2 1 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
74 / O 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were 13 follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	m Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work west done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate decessed lest worked et this occupation (month end	Miry any any
2 spantin this	
yeer) occupetion	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Jackey  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of
- Varaure	What test confirmed diagnosis? Wes there en autopsy?
I TOWN TO THE TOWN TOWN TO THE	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
Stete or country)	Accident, suicide, or homicide? Oete of injury, 19  Where did injury occur?
17. INFORMANT John Segge	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place Aleston Develore Mars 2 193)	Menner of injury
0 2/2	Neture of injury
19. UNOERTAKER (Address)	24. Wes disease or injury in any wey related to occupation of deceased?
2 3 27/2 /00/2	(Signed) Mille / Muller
20. FILEO 2 - 192 / Mr. DU G Cell	(Address) Couls My

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
of importance were as follows:  Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage . MAR 3	July 5, 1927	Peritonitis	3 days ago	
1 SURFAU V. S.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-C

ERTIFICATE (	OF DE	ATH	1506 -
92.01			2
	Registratio	n Dist. No. Co	0
No.		St.,_	Ward
ath occurred in a hospital or instituti		ME instead of street an	
us. now long in 0.5.11 of	totaign pittii:_	yrs	.mosus.
If U. S. Veteran, s	specify WAR_	*************	
St.,Ward.	If nonreside	ent give city or town a	nd State
MEDICAL CE	the same of the sa	E OF DEATH	
1. DATE OF DEATH	1		0.7
		17	, 193
	(Month)	(DAy)	(Year)
2. 2 HEREBY	CERTI	FY That I attand	ed daceased from
// 9	19.2 - 1, to	11/1/3	199
I last saw harmalive on	7/10	, 19.5	; death is said
to have occurred on the date stated. The PRINCIPAL CAUSE OF DEAT!			
ware as follows:	and tonyiou co	0 1/2	Date of onest
Valvuav a	scare	of New	A sud
		0	- Jonan
Other Contributory Causes of impo	<b></b>		
Other contributory Causes of Hillson			1
Musherles (6	male	uchon	2000
Name of oparation	/	Deta of	
Whet test confirmed diegnosis?		Wes there e	n eutopsy?
23. If death was dua to axternal caus	ses (VIOL ENCE)	) fill in also the follow	ring:
Accident, suicide, or homicide?		Date of Injury	, 19
Where did injury occur?			
Specify whethar injury occurred in	INDUSTRY, in	HOME, or In PUBLIC	PLACE.
******			
Menner of injury			
Natura of Injury			
24. Was disaase or injury in any wa	ay related to occ	cupation of deceasad?	
If so, spacify	1.0		
(Signed)	Sur	2	- () М. D.
(Address)	1860	no m	<b></b>

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related cau of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MARI 3	7 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- The second second	A SECULAR DESCRIPTION OF THE PERSON OF THE P		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PL/	CE OF DEA	тн			11-0	
Cou	unty Carol	line			Registration Dist. No. 64	
Vill	age or City N	ear Fede	ralsbur	g	NoSt	_Ward
Len	gth of residenca In ci	ity or town where d	eath occurred ]	(If mosyrs2mos	death occurred in a hospital or institution, give its NAME instead of street and number ds. How long In U.S. if of foralgn birth?yrsmos	) ds.
2. FUI	LL NAME	Clever	n Tilgh	man	If U. S. Veteran, specify WAR.	
(a)	Residence: No	Seafor	d. Del.	R.F.D.	St., Ward.  If nonresident give city or town and State	
PE	RSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male		or or race		RIED, WIOOWED, D (write the word)	21. DATE OF DEATH February 19 , 193 , (Month) (Oay) (Y	7 ear)
HUSB	iad, widowed, or divo ANO of VIFE of		a Tilgh	ıman	22. JUEREBY CERTIFY, Thay I attended decease	ed from
& DATE O	F BIRTH (month, day	u and upon T	Inknown		Hast saw h. 170 alive on 7-6.17 ,19.37; death	
7. AGE	Years	Months	Oays	tf LESS than	to have occurred on the date stated above, at $6:30$ R. m.	1 13 3414
Abou	t 32			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
9 Tr	ade, profession, or pa	articular		ormin.	ware as follows:	ofensat
10. 0a	kind of work dona, SAWYER, BOOKKEE	as SPINNER, PER, etc	Day Lat	orer	000	
2 3 inc	dustry or business in work was done, as \$	SILK MILL.	The same		confluenza. 3/1	197
0000	SAW MILL, BANK, at deceesad last wor	atc	Farm	me (yaars)	V /	7
0 500	this occupation (mo	nth and 193	spai	ntin this Life	// ′	
	70017				Other Contributory Causes of Importance:	
	PLACE (city or town) ate or country)		ester C	ounty	for the month	1
		orge Til			Jan Dinear	19/3.
E		TIml			<i>M</i>	·/
¥ 14. BI	RTHPLACE (city or to (State or country)		nown aryland		What tast confirmed diagnosis hyperated framework an autopsy	Ro
15. MA	JOEN NAME	Tishie	Collin	18	23. If death was dua to axternal causes (VIOL ENCE) fill in also the following:	
15. MA 16. BII	RTHPLACE (city or to (Stata or country)	own) Doro	hester Maryla	Co.	Accident, sulcide, or homicide?	9
17. INFORM		rs. Viol	a Tilgh	ıman	(Specify city or town, county and State) Specify whether injury occurred in thoustry, in HOME, or in PUBLIC PLACE.	
	, CREMATION, OR F	eaford.	рет., г	R.F.D.	No. 200 A 1	
Pla	cokesb	urv Md.	Date Fel	. 20 19 37	Nature of Injury	
19. UNDER	TAKER	J. Franderalsbu	entom &		24. Was disease or injury in any way related to occupation of deceased?  If so, spacify	4.6
20. FILEO.	Feb.19.,	1937 5		01	(Signed) Edendslung Mad	M. O.

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
		3			
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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You suthous ation & a	OR FURTHER STATEMENTS BY PHYSICIAN
Olsenner. H/14/37	Marine Jacobs

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1509.
County Company	Registration Dist. No. 4/
Village or City Green for . (1)	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Saruh. Warner	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Sueus for Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married, widowed, or divorced	21. DATE OF DEATH  (Month) (Day) (Year)
HUSBAND of (or) WIFE of William Warred	22. HEREBY CERTIFY, That I attended deceased from 4. 1. 1937, to 4. 19 1937
6. DATE OF BIRTH (month, day, and year) March 8, 189	I last saw h alive on fel 19 ,1937; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	Io have occurred on the date stated above, al
8 Trade protession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Toba Neumonia Feb 14
10. Date deceased last worked at this occupation (month and 937 occupation when the spent in this spent in this spent in this occupation.	
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
13. NAME augusten Buoca.	- Confección S
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Charellut Noss.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)   (State or country)	Accident, suicide, or homicide? Date of injury, 19  Where did Injury occur?
17. INFORMANT Wief Tvaryer (Address) Lucius bul md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Views Cen reling Date 2/2//3719	Manner of injury
19. UNDERTAKER R. B. Rameings. (Address) Groves bro Vid.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20, FILED Feb. 21, 1837 L. Mar Projection.	(Signed) haby Houseful M. D.  (Address) free of the Control of the M. D.

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Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECEAD. Every item of inforstated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL FION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE C	OF	MARYL	AND-	CERTI	FICAT	E OF	DEATH
---------	----	-------	------	-------	-------	------	-------

1510

1. PLACE OF DEATH	(10)	
County Caroline	Registration Dist. No. 62	
Village or City Donton	NoSt.,Ward	
Length of residence in city or town whare death occurred 86 yrs. 9 mos	death occurred in a hospital or institution, give its NAME instead of street and number)  9. ds. How long in U.S. if of foreign birth?	
0 1 4 11 0 0	,	
2. FULL NAME / obert Wheeler		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Blk 5. SINGLE, MARRIED, WIO OWEO, OR DIVORCED (write the word) warried	21. DATE OF DEATH 24 1937 (Month) (Oay) (Year)	
5a. If married, widowad, or divorced HUSBANO of (0+) WIFE of  Allen W heeler	22. JHEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) Hay 15, 1851	I last saw her alive on AN 345 19 ; death is said	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
8 6 9 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
8. Trade, profession, or particular	Comme Organi Them Oats of onset	
kind of work dona, as SPINNER, by and selection of the se	Moderal Organzetation.	
9. industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	f f	
10. Oata deceased last worked at 11. Total time (years)	fatur mumoural	
this occupation (month and year)		
12. BIRTHPLACE (city or town) Deaton (State or country)	Other Contributary Causes of Importance:	
13. NAME Roses W Greeler		
13. NAME anea Wheeler  14. BIRTHPLACE (city or town)	Name of operation Date of	
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Elevalette (Vonkown)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Clanalette (Unknow)  16. BIRTHPLACE (city or town) Dentary	Accident, suicide, or homicide?Oata of injury, 19	
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17. INFORMANT Kelen W hooler (Address) Denton Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Denton Oate Jeb 27, 1934	Natura of injury.	
19. UNDERTAKER Visail Morre	24. Was diseasa or injury in any way related to occupation of deceased?	
(Addiess) Denston, Ind.	if so, specify	
20. FILEO 2/27 1937 Ma 46 Guna	(Signed) Ween // With M. O.	
Registrar.	(Address) Sentes (M)	

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